

HOLLY DAZE DAY CAMP
SUPPLEMENTAL
CAMPER INFORMATION FORM
for online registrants



Thank you for registering your child in Holly Daze Daycamp. **Online registrants are required to complete and submit this form to complete the registration process** and ensure that our staff has the most current contact, pick-up, and health consideration information for your child. Completed forms may be returned via email to dmudgett@burbankca.gov, faxed to 818.238.5377, or delivered to McCambridge Recreation Center, 1515 N. Glenoaks Boulevard.

Child's Name: _____ **Birthdate:** _____
Last Name First Name M.I.

Address: _____ **Home Phone:** _____
Street City Zip Code

Parent's Name: _____ **Parent's Name:** _____

Day Phone: _____ **Day Phone:** _____

Work/ Cell Phone: _____ **Work/ Cell Phone:** _____

Emergency Contact (other than parent): _____
Name Phone Relationship

PICK-UP AUTHORIZATION

I authorize only the following person(s) to pick up my child (other than parents and emergency contact).

Name: _____ **Phone Number:** _____ **Relationship:** _____

Name: _____ **Phone Number:** _____ **Relationship:** _____

Name: _____ **Phone Number:** _____ **Relationship:** _____

Name: _____ **Phone Number:** _____ **Relationship:** _____

Name: _____ **Phone Number:** _____ **Relationship:** _____

SPECIAL HEALTH CONSIDERATIONS STAFF SHOULD BE AWARE OF

Current medications, known allergies, physical limitations, etc.:

***Medications cannot be administered in camp without a completed Medication Release Form on file.**